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Features of the Clinical Course, Complications and Lethality of Chronic Diffused Liver Diseases After Carrying Out Covid -19.

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ABSTRACT

This article discusses the features of the clinical course of patients with chronic diffuse liver diseases (CDLD) against the background of COVID-19. The meta-analysis included 34 patients from the period 2022-2023, who were selected into two groups of cirrhosis and chronic hepatitis of the liver. Laboratory, clinical, instrumental data of patients were analyzed.

Keywords: CDLD, ascites, encephalopathy, esophageal varicose veins, ALT, AST.

Introduction

Cirrhosis of any etiology disrupts the homeostatic role of the liver in the body [1]. Cirrhosis-associated immune dysfunction leads to changes in both innate and adaptive immunity due to defects in local hepatic immunity as well as systemic immunity [2].

Chronic hepatitis in most B and C with a low degree of histological activity may accompany the development of liver fibrosis. Not only the portal and periportal zones of the lobules undergo fibrosis; perivenular fibrosis is also often detected [3]. Severe fibrosis leads to the development of cirrhosis (diffuse fibrosis with the formation of false lobules), against which the development of hepatocellular carcinoma is possible [4].

The purpose of the study. Identification of changes and features of the course of the underlying disease against the background of the transferred COVID-19.

Materials and methods: In the Bukhara branch of the RSCEMC and on the basis of the regional infectious diseases hospital from 2022-2023. 34 patients with CDLD were selected against the background of a previous COVID-19. There were 18 (53%) women and 16 (47%) men. The age of patients ranges from 19 to 75 years.

Research results. 30 patients with cirrhosis and hepatitis on the background of previous COVID - 4 with complications of bleeding from VVE and encephalopathy were admitted on an emergency basis, and 6 patients were hospitalized as planned in the general resuscitation department of the RSCEMC and in the hepatology department of the RID.

The distribution by sex did not reveal a significant difference between men and women in the total number, however, most women had bleeding from esophageal varices - 4 and peptic ulcer - 8, while men had elements of encephalopathy - 5 and ascites - 8. With a combination hepatitis with cirrhosis of the total number of patients was found in - 8 before admission to the hospital (the main diagnosis was viral hepatitis B, C).

The distribution of patients with hepatitis and concomitant diseases showed the prevalence of patients with hepatitis with peptic ulcer (PU) 7, while hepatitis was combined with coronary heart disease (CHD) - 4, hepatitis with the transition to the LC - 8, and hepatitis with the transition to the LC was found only in 2 patients. Obviously, hepatitis occurs in most

cases at a young and mature age, namely at this age hepatitis with peptic ulcer and coronary heart disease is most often detected.

An analysis of clinical indicators was carried out to identify the features of the clinical course of cirrhosis and hepatitis against the background of previous COVID -19 in patients with diffuse liver diseases in comparison with data from a similar examination of patients without signs of liver pathology. To this end, we studied the results of clinical, biochemical and instrumental research methods in 36 patients aged 14 to 73 years.

Liver decompensation after experiencing COVID-19 was strongly associated with subsequent risk of death: 33.2% of patients with new decompensation died compared with 26.2% of those without new decompensation.

Conclusion. Thus, individuals with CDLD in the presence of COVID-19 are a complex phenomenon that includes many mechanisms and leads to various complications. Gradual research will allow the underlying pathophysiology to be explored, understanding the exact defect of each immune cell type and systemic response. Cirrhosis and chronic hepatitis of the liver is an immunodeficiency state, accompanied by an increased susceptibility to various infections. The long period of latent course of liver cirrhosis makes it difficult to determine the actual timing of the disease. The range of the first messengers of the disease in the analyzed group was quite wide - from banal weakness to profuse esophageal-gastric bleeding, and therefore the duration of the disease history varied widely.

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